

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553326			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BAYLOR UNIVERSITY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TX</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F1837303</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ONE BEAR PLACE #97096</p> <p style="text-align: center;">CITY/ST/ZIP: WACO, TX 76798-7096</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KEN STARR TITLE: PRESIDENT ADDRESS: ONE BEAR PLACE #97096 CITY/ST/ZIP/CO: WACO, TX 76798-7096 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEN STARR TITLE: PRESIDENT ADDRESS: ONE BEAR PLACE #97096 CITY/ST/ZIP/CO: WACO, TX 76798-7096	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN STARR TITLE: PRESIDENT ADDRESS: ONE BEAR PLACE #97096 CITY/ST/ZIP/CO: WACO, TX 76798-7096	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN M BARRY TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97022 CITY/ST/ZIP/CO: WACO, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN M BARRY TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97022 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN M BARRY TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97022 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ELIZABETH DAVIS TITLE: EXEC/VP/PROVOST ADDRESS: ONE BEAR PLACE #97014 CITY/ST/ZIP/CO: WACO, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELIZABETH DAVIS TITLE: EXEC/VP/PROVOST ADDRESS: ONE BEAR PLACE #97014 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ELIZABETH DAVIS TITLE: EXEC/VP/PROVOST ADDRESS: ONE BEAR PLACE #97014 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TOMMYE LOU DAVIS TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97340 CITY/ST/ZIP/CO: WACO, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TOMMYE LOU DAVIS TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97340 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TOMMYE LOU DAVIS TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97340 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KENNETH L HALL TITLE: SENIOR VP ADDRESS: ONE BEAR PLACE #97026 CITY/ST/ZIP/CO: WACO, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KENNETH L HALL TITLE: SENIOR VP ADDRESS: ONE BEAR PLACE #97026 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KENNETH L HALL TITLE: SENIOR VP ADDRESS: ONE BEAR PLACE #97026 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: KEVIN P JACKSON TITLE: VICE PRESIDENT ADDRESS: ONE BEAR PLACE #97016 CITY/ST/ZIP/CO: WACO, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	PATTIE ORR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE BEAR PLACE #97086		
CITY/ST/ZIP/CO:	WACO, TX 76798		
NAME:	REAGAN M RAMSOWER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	ONE BEAR PLACE #97006		
CITY/ST/ZIP/CO:	WACO, TX 76798		
NAME:	BOB C SPENCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSOC VP,TREAS		
ADDRESS:	ONE BEAR PLACE, #97045		
CITY/ST/ZIP/CO:	WACO, TX 76798-7043		
NAME:	JUAN ALEJANDRO JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR. INT/AUDIT		
ADDRESS:	ONE BEAR PLACE #97011		
CITY/ST/ZIP/CO:	WACO, TX 76798		
NAME:	CHARLES D BECKENHAUER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC & CORP. SEC		
ADDRESS:	ONE BEAR PLACE, #97034		
CITY/ST/ZIP/CO:	WACO, TX 76798		
NAME:	MARSHA J DUCKWORTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE BEAR PLACE, #97034		
CITY/ST/ZIP/CO:	WACO, TX 76798-7034		
NAME:	KARLA K LEEPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF OF STAFF		
ADDRESS:	ONE BEAR PLACE #97096		
CITY/ST/ZIP/CO:	WACO, TX 76798		
NAME:	IAN MCCAW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR./ATHLETICS		
ADDRESS:	ONE BEAR PLACE #97108		
CITY/ST/ZIP/CO:	WACO, TX 76798		
NAME:	JOEL T ALLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3500 GASTON AVE.		
	WADLEY #170		
CITY/ST/ZIP/CO:	DALLAS, TX 75246		
NAME:	MILES JAY ALLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5300 TOWN & COUNTRY BLVD.		
	SUITE 500		
CITY/ST/ZIP/CO:	FRISCO, TX 75034		
NAME:	ROBERT E BEAUCHAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 CITYWEST BOULEVARD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77042		

NAME:	LINDA BRIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 DIDRICKSON		
CITY/ST/ZIP/CO:	AMARILLO, TX 79124		
NAME:	DUANE BROOKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 TALLOWOOD ROAD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77024		
NAME:	KENNETH Q CARLILE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 2069		
CITY/ST/ZIP/CO:	MARSHALL, TX 75671		
NAME:	JERRY K CLEMENTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 CONGRESS AVENUE		
CITY/ST/ZIP/CO:	SUITE 300 AUSTIN, TX 78701		
NAME:	GARY D ELLISTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 MAIN STREET		
CITY/ST/ZIP/CO:	SUITE 3500 DALLAS, TX 75202		
NAME:	JENNIFER WALKER ELROD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	515 RUSK AVENUE		
CITY/ST/ZIP/CO:	SUITE 12014 HOUSTON, TX 77002		
NAME:	PAUL L FOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	123 WEST MILLS AVENUE		
CITY/ST/ZIP/CO:	SUITE 200 EL PASO, TX 79901		
NAME:	SHELLEY GIGLIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 5		
CITY/ST/ZIP/CO:	ROSWELL, GA 30077		
NAME:	JAMES CARY GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 POST OAK BLVD.		
CITY/ST/ZIP/CO:	SUITE 2000 DALLAS, TX 75201		
NAME:	DAVID H HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2323 VICTORY AVENUE		
CITY/ST/ZIP/CO:	SUITE 700 DALLAS, TX 75219		

NAME:	LARRY P HEARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 WEST LOOP SOUTH		
CITY/ST/ZIP/CO:	SUITE 1300 HOUSTON, TX 77027		
NAME:	MILTON HIXSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6034 WEST COURTYARD DRIVE		
CITY/ST/ZIP/CO:	SUITE 380 AUSTIN, TX 78730		
NAME:	W.D. "DAN" HORD III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	508 W. WALL		
CITY/ST/ZIP/CO:	SUITE 400 MIDLAND, TX 79701		
NAME:	CHRISTOPHER B HOWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 128		
CITY/ST/ZIP/CO:	HAMPDEN-SYDNEY, VA 23943		
NAME:	MARK A MCCOLLUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3000 N. SAM HOUSTON PKWY E		
CITY/ST/ZIP/CO:	HOUSTON, TX 77032		
NAME:	RONALD D MURFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 ABBEY WOODS LANE		
CITY/ST/ZIP/CO:	DALLAS, TX 75248		
NAME:	RAMIRO A PENA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4777 LAKE SHORE DRIVE		
CITY/ST/ZIP/CO:	WACO, TX 76710		
NAME:	RANDOLPH "RANDY" L PULLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2727 ALLEN PARKWAY		
CITY/ST/ZIP/CO:	SUITE 480 HOUSTON, VA 77019		
NAME:	JEFF D. REETER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 RIVERWAY, SUITE 900		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056		
NAME:	WILLIAM K ROBBINS JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE GREENWAY PLAZA		
CITY/ST/ZIP/CO:	SUITE 900 HOUSTON, TX 77046		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. CLIFTON ROBINSON DIRECTOR P.O. BOX 2028 WACO, TX 76703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP W STEWART DIRECTOR 3306 ROSELAWN ROAD SAN ANTONIO, TX 78226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. DARY STONE DIRECTOR 5215 N. O SUITE 350 IRVING, TX 75039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD S WILLIS DIRECTOR 2301 CARLISLE AVENUE COLLEYVILLE, TX 76034	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD L WILSON DIRECTOR 2329 NORTH 39TH STREET WACO, TX 76708	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY WILLS WRIGHT DIRECTOR 2626 COLE AVENUE SUITE 900 DALLAS, TX 75204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARSHA J DUCKWORTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARSHA J DUCKWORTH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/4/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			